

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 11/27/01?
 - b. The request was received on 07/24/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Statement of Disputed Issues
 - b. HCFAs
 - c. EOBs
 - d. Letter of Preauthorization for Spinal Surgery, dated 08/24/02
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 08/15/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 08/16/02. The response from the insurance carrier was received in the Division on 08/22/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: undated Statement of Disputed Issues
"Per the surgeon, when the hardware was removed the patient had gross motion with pseudarthrosis both anteriorly and posteriorly at 4-5 and posteriorly at 4-5 and 5-1. The bone graft that was present on x-ray had not attached to the transverse process at 4-5 or the sacrum. This patient's surgery was reasonable and made necessary and was certainly on an emergent basis with the patient's spine open with a fusion that was not solid."
2. Respondent: letter dated 08/06/02

“The spinal surgery process was not followed. The TWCC63 was only for the hardware removal and foraminotomy. The SSO physician only recommended the foraminotomy and hardware removal. Additional procedures were performed that were not requested, not recommended and not authorized.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 11/27/01.
2. The carrier's EOB has the denial: “THIS SERVICE WAS NOT PRE-AUTHORIZED IN CONFORMANCE WITH TWCC RULE 134.600(H).”*
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial	MARS	REFERENCE	RATIONALE:
11/27/01	63048	\$900.00	\$0.00	*	\$708.00	Texas Workers' Compensation Act & Rules, Rules 133.206 & 133.304 (c); MFG, CPT descriptors	On the DOS in dispute, spinal surgery did not require preauthorization per TWCC Rule 134.600(h) as referenced by the carrier on its EOB. On the DOS in dispute, spinal surgery was address in TWCC Rule 133.206 titled “Spinal Surgery Second Opinion Process.”
11/27/01	22650 (2 units)	\$1300.00	\$0.00	*	\$1274.00 (2 units)		
11/27/01	22842	\$5983.00	\$0.00	*	\$3400.00		TWCC Rule 133.304 (c) requires the carrier's EOB to “provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s).” The carrier's EOB denial does not comply with TWCC Rule 133.304 (c). The medical documentation indicates the services were medically necessary and performed as billed.
							Additional reimbursement of \$5,382.00 is recommended.
11/27/01	22625	\$3050.00	\$0.00	*	\$2529.00	Texas Workers' Compensation Act & Rules, Rules 133.206 & 133.304 (c), MFG, SGR (I)(D)(1)(b) & CPT descriptors	On the DOS in dispute, spinal surgery did not require preauthorization per TWCC Rule 134.600(h) as referenced by the carrier on its EOB. On the DOS in dispute, spinal surgery was address in TWCC Rule 133.206 titled “Spinal Surgery Second Opinion Process.”
11/27/01	22830	\$3500.00	\$0.00	*	\$3338.00		
11/27/01	15570	\$1200.00	\$0.00	*	\$1012.00		
11/27/01	15734	\$2000.00	\$0.00	*	\$1922.00		TWCC Rule 133.304 (c) requires the carrier's EOB to “provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s).” The carrier's EOB denial does not comply with TWCC Rule 133.304 (c). The medical documentation indicates the services were medically necessary and performed as billed. Also, these services are subject to the multiple procedure rules and should be reimbursed at 50% of MAR.
11/27/01	21930	\$500.00	\$0.00	*	\$303.00		
							Additional reimbursement of \$4,552.00 is recommended.
Totals		\$18433.00	\$0.00				The Requestor is entitled to additional reimbursement of \$9,934.00.

The above Findings and Decision are hereby issued this 19th day of December 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$9,934.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19th day of December 2002.

Carolyn Ollar
Medical Dispute Resolution Supervisor
Medical Review Division